
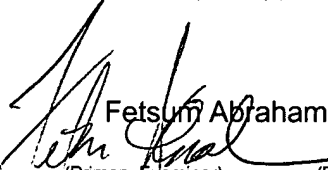
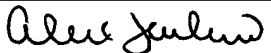

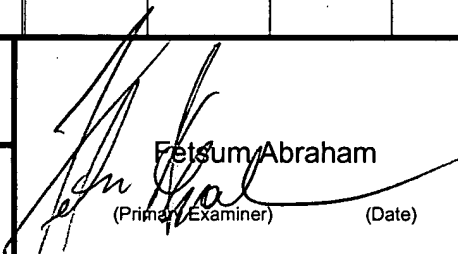


<b>Issue Classification</b> 	Application No.	Applicant(s)	
	10/708,563	DIVAKARUNI ET AL.	
	Examiner	Art Unit	
	Fetsum Abraham	2826	

ISSUE CLASSIFICATION												
ORIGINAL					CROSS REFERENCE(S)							
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)						
257		565			438	205	313	340				
INTERNATIONAL CLASSIFICATION												
H	O	I	L	27/082								
				/								
				/								
				/								
				/								
					 Fetsum Abraham (Particular Examiner) (Date)					Total Claims Allowed: 20		
(Assistant Examiner) (Date)  1-29/05 (Legal Instruments Examiner) (Date)										O.G. Print Claim(s)		O.G. Print Fig. 7

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1		31		61		121
2	2		32		62		122
4	3		33		63		123
5	4		34		64		124
6	5		35		65		125
7	6		36		66		126
3	7		37		67		127
8	8		38		68		128
9	9		39		69		129
10	10		40		70		130
11	11		41		71		131
12	12		42		72		132
15	13		43		73		133
16	14		44		74		134
17	15		45		75		135
13	16		46		76		136
14	17		47		77		137
18	18		48		78		138
19	19		49		79		139
20	20		50		80		140
	21		51		81		141
	22		52		82		142
	23		53		83		143
	24		54		84		144
	25		55		85		145
	26		56		86		146
	27		57		87		147
	28		58		88		148
	29		59		89		149
	30		60		90		150
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<b>Issue Classification</b> 	Application No.	Applicant(s)	
	10/708,563	DIVAKARUNI ET AL.	
	Examiner	Art Unit	
	Fetsum Abraham	2826	

ISSUE CLASSIFICATION												
ORIGINAL					CROSS REFERENCE(S)							
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)						
257		565			438	205	313	340				
INTERNATIONAL CLASSIFICATION												
H	O	I	L	27/082								
				/								
				/								
				/								
				/								
					 Fetsum Abraham (Prietary Examiner) (Date)					Total Claims Allowed: 20		
(Assistant Examiner) (Date)										O.G. Print Claim(s)	O.G. Print Fig.	
(Legal Instruments Examiner) (Date)											7	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
1	1		31		61		91		121		151		181		
2	2		32		62		92		122		152		182		
4	3		33		63		93		123		153		183		
5	4		34		64		94		124		154		184		
6	5		35		65		95		125		155		185		
7	6		36		66		96		126		156		186		
3	7		37		67		97		127		157		187		
8	8		38		68		98		128		158		188		
9	9		39		69		99		129		159		189		
10	10		40		70		100		130		160		190		
11	11		41		71		101		131		161		191		
12	12		42		72		102		132		162		192		
15	13		43		73		103		133		163		193		
16	14		44		74		104		134		164		194		
17	15		45		75		105		135		165		195		
13	16		46		76		106		136		166		196		
14	17		47		77		107		137		167		197		
18	18		48		78		108		138		168		198		
19	19		49		79		109		139		169		199		
20	20		50		80		110		140		170		200		
	21		51		81		111		141		171		201		
	22		52		82		112		142		172		202		
	23		53		83		113		143		173		203		
	24		54		84		114		144		174		204		
	25		55		85		115		145		175		205		
	26		56		86		116		146		176		206		
	27		57		87		117		147		177		207		
	28		58		88		118		148		178		208		
	29		59		89		119		149		179		209		
	30		60		90		120		150		180		210		